

CERTIFICATION APPLICATION/RENEWAL FORM

Deaf Persons' Interpreters Act
 1982 PA 204 amended 2007

CERTIFICATE HOLDER AND CONTACT INFORMATION

NAME (Last, First, Middle Initial)

ADDRESS (Street Number and Street Name)

COUNTY

CITY

STATE

ZIP

DO YOU HAVE A FELONY CONVICTION?
 YES ☐ NO ☐

If yes, explain

Your name and credentials will be listed in the Michigan Online Interpreter System as mandated by 1982 PA 204 amended 2007 MCL 393.508 Sec.8(2). Check this box if you do NOT want your contact information disclosed. ☐

HOME PHONE (with area code)

E-MAIL ADDRESS

BUSINESS PHONE

CELL OR TEXT NUMBER

You are responsible for updating your contact information on line after your initial application for certification by the Division. The Division will send you a password and user ID. Failure to update changes and subsequent failure to receive information does not exempt you from any liability under the Michigan Deaf Persons' Interpreter Act (1982 PA 204 amended 2007).

CERTIFICATE INFORMATION and FEES

****Do not submit more than \$90. All credentials are not required to be listed unless promoting/advertising that credential.**

This is a first time application. ☐

This is an annual renewal. ☐

Enter an X below to select state credential(s). You must attach proof of 20 professional development hours.

Enclose fee

☐ BEI I ☐ BEI II ☐ BEI III

☐ QA I ☐ QA II ☐ QA III

\$30

☐ NON-RID RECOGNIZED EIPA ELEMENTARY

*Include a copy of Boy's Town EIPA results score sheet demonstrating a 3.5 or higher performance score and language mode.

\$30

☐ NON-RID RECOGNIZED EIPA SECONDARY

Enter X below to select RID/NAD credentials.

☐ RID / NAD CERTIFICATION (includes RID RECOGNIZED EIPA K-12 included).
 Attach valid/current certification card or certified membership renewal receipt.

\$30

Enter Total

Charges will be added for non-sufficient funds

RECORD OF ANNUAL PROFESSIONAL DEVELOPMENT ACTIVITIES

The Division will not credit any units that do not include a certificate of attendance or signed letter of attendance. Please attach a copy of each certificate. If you are attending an event that does not grant CEUs or college credit you must request pre-approval of units. See DODDHH Michigan Requirements for Credentialed Sign Language Interpreters document for CEU guidelines at www.michigan.gov/mcdc-dodhh.gov

Title	Date	General or Professional Studies	Number of Units Earned
**Attach additional documentation as needed			

CODE OF PROFESSIONAL CONDUCT**Tenets**

1. Interpreters adhere to standards of confidential communication.
2. Interpreters possess the professional skills and knowledge required for the specific interpreting situation.
3. Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.
4. Interpreters demonstrate respect for consumers.
5. Interpreters demonstrate respect for colleagues, interns, and students of the profession.
6. Interpreters maintain ethical business practices.
7. Interpreters engage in professional development.

The full version of the Code of Professional Conduct may be obtained from the DODHH office or the RID Web site at www.rid.org.

SIGNATURE

I attest that all information provided in this application is accurate and true and agree to abide by the Code of Professional Conduct. I understand that my certificate is subject to suspension, revocation, or cancellation.

Certificate holder's signature:

X

Date

The application is incomplete without the certificate holder's signature.

SUBMITTAL INSTRUCTIONS

Mail renewal form, payment (check or money order ONLY) and supporting documentation payable to the State of Michigan to the following address. The Division cannot accept payments made in person.

**US Mail only: Michigan Department of Civil Rights
Division on Deaf and Hard of Hearing
Interpreter Certification/Renewal
PO Box 30681
Lansing, MI 48909-8181**

**MICHIGAN DEPARTMENT OF CIVIL RIGHTS
DIVISION ON DEAF AND HARD OF HEARING**

**POLICY FOR SUBMITTING TEST APPLICATIONS, CREDENTIAL RENEWALS
AND CREDENTIAL LISTING FOR
STATE OF MICHIGAN SIGN LANGUAGE INTERPRETERS**

The Division on Deaf and Hard of Hearing (DODHH) does not accept test applications, credential renewals or credential listing paperwork or payments in the DODHH office. This is to assure that payments are properly accounted for.

All DODHH test applications, credential renewals or credential listings must be mailed through the US Post Office for processing and will be delivered to the State of Michigan mailroom. Please use the mailing address listed on the respective forms. After payments are received at the mailroom, the paperwork is then transferred to the State of Michigan Cashier's Office for payment deposit and confirmation, and then delivered to the DODHH office for final processing. This process can take up to 10 to 14 business days or longer. Sending paperwork using priority mail services may not expedite the process.

Thank you for your cooperation and assistance.

Division on Deaf and Hard of Hearing